## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number 10769 o II

CLAIMS AS FILED - PART I (Column 1) (Column 2)							•	SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			20		(Column 2)					OA		ENTITY	
<del></del>			<del> </del>		<b>}</b>			RATE	FEE	┨.	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
T	OTAL CHARGE	ABLE CLAIMS	2/7 minus 20=		• 7			X\$ 9=	63	OR	X\$18=		
	DEPENDENT C		5 minus 3 =		2			X43=	86	OR	X86=		
M	JLTIPLE DEPE	NDENT CLÁIM F	PRESENT				+145=	6	OR	+290=			
• 1	the difference		TOTAL	534	OR	TOTAL							
	dalne	CLAIMS AS A	AMENDE	IENDED - PART (I (Cotumn 2) (Cotumn 3)				•			OTHER		
_	701710	(Column 1)	(Column 3)		SMALL	ENTITY	·OR	SMALL					
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		PREVIO	SER USLY	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON I	Total .	• 27	Minus	-2	7			X\$ 9=		OR	X\$18=		
AME	Independent	· 5	Minus	5	5		1	X43=		OR	X86=.		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	·	
				•			L	TOTAL	<del>                                     </del>	OR	YOTAL		
(Column 1) (Column 2) (Column 3)								DDIT. FEE			ADDIT. FEE		
۲ B	aliah	CLAIMS REMAINING AFTER		HIGHE NUMB PREVIO	ST ER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT B	Total	AMENDMENT 22	Minus	PAIDF	OR 7	. /	ŀ	X\$ 9=	FEE	ŀ	X\$18=	FEE_	
	Independent	05	Minus		<del>/</del> _	=/	ŀ			OR			
¥	FIRST PRESE	NTATION OF MI	ILTIPLE DEI	PENDENT	CLAIM	\ <u>\</u>	L	X43=		OR	X86=		
							ı	+145=		OR	+290=		
٨.	101	•				•	AI	TOTAL DOIT, FEE		OR ,	YOYAL QOIT, FEE		
(Column 1) (Column 2) (Column 3)													
N C		CLAIMS REMAINING AFTER AMENDMENT		RIGHE NUMBI PREVIOL PAID P	ER JSLY	PRESENT EXTRA	T	RATE	ADDI- TIONAL	/. [	RATE	ADDI-/ TIONAL	
DMEN	Total	00	Minus	2	7	= /	<b> </b>	XS 9=	FEE /	أي	X\$18=	- FFE	
E 1	Independent	• -5	Minus	<b>m</b> 3		- /	}		_/_	OR		<del>'/                                    </del>	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					力	-	X43=	_/	OR	X86=			
* If the entry in column 1 is less than the entry in column 2, write "of in column 3."										OR	+290=/		
<b></b> II	the Highest Num	nber Previously Pal	d For IN THIS	SPACE IS I	ess than	20, enter "20."		TOTAL DIT. FEE	./.	OR A	TOTAL DOIT, FEE		
		nber Previously Pai ber Previously Paid						_	ropriate box	iu copi	mn J.	I	
			<u> </u>										